



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 5479

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/581,613    | 02/19/2007<br>RULE    | 424   | 1648           | 85084-802           |

**APPLICANTS**

Jody Berry, Manitoba, CANADA;  
 Steven Jones, Manitoba, CANADA;  
 Xin Yong Yuan, Manitoba, CANADA;  
 Mike Gubbins, Manitoba, CANADA;  
 Anton Andonov, Manitoba, CANADA;  
 Hana Weingartl, Manitoba, CANADA;  
 Mike Drebot, Manitoba, CANADA;  
 Frank Plummer, Manitoba, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/CA04/02084 12/06/2004  
 which claims benefit of 60/526,971 12/05/2003

and claims benefit of 60/568,225 05/06/2004

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
12/07/2007

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---------------------------------------------------------------------|----------------------------------------------|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              | Canada           | 17              | 6            | 6                  |

**ADDRESS**

Ade & Company INC.  
 P.O. Box 28006  
 1795 Henderson Hwy  
 Winnipeg, MB R2G4E9  
 CANADA

**TITLE**

Anti-Sars Monoclonal Antibodies

|                                    |                                                                                                                   |                                                              |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>1630 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |                                                                                                                   | <input type="checkbox"/> Other _____                         |
|                                    |                                                                                                                   | <input type="checkbox"/> Credit                              |